

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27064**

FILED SEP 9 - 1952

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **137**

1. PLACE OF DEATH a. COUNTY Audrain <i>0043</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain <i>67</i>	
b. CITY (If outside corporate limits, write RURAL and give town) Mexico		c. CITY (If outside corporate limits, write RURAL and give township) Rual, Linn <i>1</i>	
c. LENGTH OF STAY (In this place) 4 days		d. STREET ADDRESS (If rural, give location) R.F.D. #1, Rush Hill	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mexico General Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) CLARENCE	b. (Middle) L. SMALLWOOD	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) August 30, 52
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5. SEX Male <i>U</i>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 16, 1879	9. AGE (In years last birthday) 72	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 18 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Repairman	10b. KIND OF BUSINESS OR INDUSTRY Fixit Shop	11. BIRTHPLACE (State or foreign country) Macon County, Ill <i>/</i>	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Corwin Smallwood	13b. MOTHER'S MAIDEN NAME Lettie Randall	14. NAME OF HUSBAND OR WIFE Fannie Smallwood
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 497-14-7570	17. INFORMANT'S SIGNATURE OR NAME Roy Smallwood, Monmouth, Ill.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Duodenal Ulcer		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 5410	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug 26, 1952**, to **Aug 30, 1952**, that I last saw the deceased alive on **Aug 30, 1952**, and that death occurred at **9:45 PM**, from the causes and on the date stated above.

23a. SIGNATURE R. J. Paise DO	(Degree or title)	23b. ADDRESS Madonia Mo.	23c. DATE SIGNED Aug 30, 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept. 1, 52	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery, Monmouth, Ill.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. Sept 1 - 1952	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Puck	ADDRESS Mexico, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Ralph L. Hueston Jr.

Licensed Embalmer No. 4687

P. O. Address Mexico, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.